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APPLICANTS  
 Tony N. Aram, Fairfax, VA;

\*\* CONTINUING DATA \*\*\*\*\* *None*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY VA	SHEETS DRAWING 4	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 2
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35 USC 119 (a-d) conditions met ☐ yes ☒ no ☐ Met after Allowance  
 Verified and Acknowledged *maryc* Examiner's Signature *None* Initials

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TITLE  
 Surgical instrument, and related methods

FILING FEE  RECEIVED 412	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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